

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040499

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 925

FILED NOV 12 1963

## 1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Lexington

Length of stay in 1b  
5 1/2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Home 2005 Main

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE  
Missouri

b. COUNTY

Lafayette

c. CITY  
OR  
TOWN Lexington

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

2005 Main St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Julia

Wexler

4. DATE  
OF  
DEATH

Month  
October

Day

29

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Oct 16, 1888

## 9. AGE (last birthday)

75

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 11. IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ladies' clothes designer

## 10b. KIND OF BUSINESS OR INDUSTRY

clothing

## 11. BIRTHPLACE (City and state or country)

Russia

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Sidney Wexler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Dr. Sidney Wexler

## Address

2005 Main

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### (b)

Congestive heart disease

### (c)

Diabetes Mellitus

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 8/4/63 to 10-29-63 and last saw her alive on 9/12/63  
Death occurred at 7:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

Thomas B. Cook

M. D.

## 22b. ADDRESS

Richmond, Missouri

## 22c. DATE SIGNED

10/30/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

10-30-63

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Carmel

## 23d. LOCATION (City, town, or county)

New York, New York

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Vaughn & Walker

Lexington Mo.

## 25. DATE RECD. BY LOCAL REG.

10-29-63

## 26. REGISTRAR'S SIGNATURE

Thomas B. Cook

NOV 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Stanley Domijan, Student Embalmer No. 676

working under my personal supervision.

Student Stanley Domijan  
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Don't cut file issued 10-29-63  
more